Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the staintory requirement set forth in IC 5-2-15-3.

Date: 0 <u>8 03 -</u> 07	Address:	CR. GOOF SCOLENERS
Case #: 14-37145		LAFAYETTE, DY 47904
County: Tiffecanoc	•	
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)	
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)		
Lithium/Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s):		•
Flammable Solvents;		
Water Reactive Metal (Lithium):		
Anliydrous Ammonia: of EN AIR		
Ilydrochloric Acid Gas Generator(s):		
Corrosive Acid:		
Corrosive Base:		
Other (item and location):		
Child onder age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services	☐ Ephedrin ☐ Retail/Me	c <u>Information</u> e/Pscudocphedrine Tracking Log erchant Tip ITIZE W
This report is to be faxed to the following agencies that serve the location:		
Fire Department: Clear Ks hr) /	Fax: 245	NOITH
Health Department: Tippe Caro C	Fax: 7 25-7 Fax: 1/M	+ NO FAX
Child Protection Service:	/// /	•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Ableman, T.A. Phone 765-567-2125		

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.